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RUEHAM/AMEMBASSY AMMAN PRIORITY 2027
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RUEHC/DEPT OF AGRICULTURE WASHDC PRIORITY
RUEAUSA/DEPT OF HHS WASHDC PRIORITY

C O N F I D E N T I A L SECTION 01 OF 05 KUWAIT 000633

SIPDIS

STATE FOR NEA/ARP, PM/ISO, IO, OES/IHB, AIAG
STATE PASS TO AID
HHS FOR OGHA
HHS PASS TO CDC
USDA PASS TO APHIS
AMMAN FOR ESTH HUB OFFICER
BAGHDAD FOR POL-MIL
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KSAF, KPAO, PREL, PINR, AMGT, TF, IZ, KU

SUBJECT: KUWAIT H1N1 LESSONS LEARNED -- WALKING THE LINE
BETWEEN COMPETING OBJECTIVES

REF: A. STATE 54435

- [1](#)B. 07 KUWAIT 414
- [1](#)C. KUWAIT 449
- [1](#)D. KUWAIT 455
- [1](#)E. KUWAIT 498
- [1](#)F. KUWAIT 530
- [1](#)G. KUWAIT 594
- [1](#)H. STATE 63491

Classified By: Ambassador Deborah K. Jones for reasons 1.4 (b) and (d)

[1](#)1. (C) Summary: Reports of multiple H1N1 influenza cases among U.S. military personnel in Kuwait in mid-May strained U.S.-Kuwait relations and threatened the seamless monthly flow of 50,000 OIF troops. Emboffs and senior Army officers worked diligently to maintain GOK trust in the USG's ability to control the spread of the virus. However, interagency miscommunication and a dearth of policy guidance from Washington on international health reporting requirements rendered the task challenging at times. End Summary.

[1](#)2. (U) Per reftel A, Embassy Kuwait hereby provides "lessons learned" feedback to the Department pertaining to the H1N1 influenza outbreak.

BACKGROUND: 50,000 TROOPS ROTATE MONTHLY

[1](#)3. (C) Kuwait is an indispensable ally in implementing Operation Iraqi Freedom (OIF). In addition to billions of dollars of in-kind support since 2003, the GOK permits the seamless rotation of an average of approximately 50,000 U.S.

military personnel through Kuwait each month.

¶4. (C) In mid-May, when Embassy first learned of 18 confirmed cases of H1N1 influenza among U.S. military personnel in Kuwait, no Arab country had reported any cases. Given the country's bird flu scare in 2007 (ref B) and many Arab and Muslim countries' concerns about a seemingly lethal virus emanating from "swine," the GOK was under huge pressure from opposition politicians and newspaper editors to take all necessary precautions to prevent the introduction of H1N1 influenza into Kuwait. Compounding political pressure on the GOK in this timeframe, was campaigning for the May 16 parliamentary elections, followed by intense political maneuvering as the Amir considered the formation of a new Council of Ministers.

MOH ENGAGEMENT

¶5. (C) Embassy moved swiftly to engage the GOK after Mexico and the World Health Organization (WHO) announced multiple "swine flu" cases in April. Emboffs met with senior Ministry of Health (MOH) officials on April 30 -- and again on May 3 with U.S. Army officers present -- to discuss U.S. military movements in Kuwait vis-a-vis the GOK's precautions at Kuwait International Airport (ref C). On May 6, Ambassador secured an agreement from the acting Minister of Health waiving the requirement for U.S. troops and U.S. officials under COM authority to report to GOK clinics; under this agreement, the GOK permits U.S. military personnel to visit DOD clinics for mandatory check-ups and grants responsibility for monitoring and treating suspected H1N1 cases to U.S. military doctors;

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similarly, U.S. officials under COM authority are allowed to visit the Embassy's health unit for H1N1 check-ups (ref D). Ambassador maintained regular contact with the acting Minister of Health, known to be one of the Amir's most trusted Cabinet members.

MIL-EMBASSY COOPERATION

¶6. (C) Emboffs and various colonels from U.S. Army Central Command (ARCENT) in Kuwait began coordination on this topic May 2, including joint participation in the aforementioned May 3 meeting with the MOH Assistant Under-Secretary (ref C). Miloffs participated in Embassy's pandemic influenza working group meeting May 5. Emboffs visited the primary DOD clinic in Kuwait May 14. Emboffs have been in daily communication with ARCENT officers since early May.

¶7. (C) During the weekend of May 15-16, ARCENT informed Ambassador that 8 U.S. military personnel who had entered Kuwait on May 1 had been confirmed with the H1N1 virus (by the U.S. Naval Medical Research Unit in Cairo, known as NAMRU-3) (ref E). All cases proved mild and by the time Ambassador was notified had fully recovered and, in most cases, had been shipped out of Kuwait. The delay in informing Embassy until cases were confirmed rather than strongly suspected risked having Emboffs inadvertently misrepresent the situation, and potentially lose the confidence of critical GOK interlocutors. Ambassador informed the acting Health Minister of the confirmed cases on May 17; following consultations with the Amiri Diwan, the Minister stipulated that the information be kept close hold. (Note: at this stage, no Middle East countries, except for Israel, had reported any cases of H1N1 influenza. End Note).

¶8. (C) Once communications were fine-tuned, overall Embassy-ARCENT cooperation has been excellent. ARCENT CG and Ambassador maintained regular contact, as did Ambassador and CENTCOM leadership, given the broader implications for U.S. troop movements throughout the theater of operations. Emboffs and miloffs arranged MOH inspections of clinics at Camps Arifjan and Buehring May 19 and 25, respectively.

Embassy assisted ARCENT to arrange joint GOK/ARCENT screening of all military personnel arriving from the U.S. at the Abdullah Al-Mubarak air base. (Note: over 22,000 U.S. troops have been screened in the period May 29-June 22. End Note). ARCENT sends daily updates to Emboffs regarding all suspected and confirmed cases.

RESPONSIBILITY TO REPORT?

¶9. (C) Embassy understands that during the week of May 17-22, DOD, HHS and State discussed the appropriateness and timing of informing the WHO of 18 confirmed H1N1 cases among U.S. military personnel in Kuwait. Embassy understands that such interagency discussions took into account the GOK's sensitivities about making public the H1N1 confirmations. However, Embassy did not receive any policy guidance as to the precise reporting obligations of the GOK and USG concerning H1N1 cases among U.S. military personnel deployed overseas, which would have guided our discussions with the GOK. Embassy's repeated requests to delay releasing the information to the WHO, pending further dialogue with the

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GOK, resulted in HHS agreeing to delay (by four days) formal notification on May 22. (Note: HHS notified the WHO on May 25, though Embassy was not informed of the notification until May 27, having sent repeated requests to Washington for updates. Regrettably, Embassy was also not informed of HHS's subsequent notification to the WHO on June 8, being informed over 48 hours later, following repeated requests to Washington for updates. End Note).

GUIDANCE ASKEW

¶10. (C) On April 23, the Fayetteville Observer (a North Carolina newspaper located near Fort Bragg) published an article citing a CENTCOM spokeswoman confirming 18 H1N1 cases among U.S. military personnel in Kuwait (ref F). The article -- apparently based on soldiers' private correspondence with family members at home -- blindsided Embassy, ARCENT and the GOK. Neither the Embassy nor State Department PA cleared any talking points referencing confirmed cases in Kuwait. Embassy understands that earlier draft guidance had been updated in Washington and not re-cleared with Post. It was then mistakenly used.

¶11. (C) Embassy worked closely with the GOK May 24-26 to forestall overreactions in Kuwait. Working in close consultation with Emboffs, MOH officials briefed newspaper editors and journalists, with the result that H1N1 headlines and articles -- while the main news item in Kuwait for three days -- were not unduly alarmist or inflammatory.

TASK FORCE DISBANDS AS CRISIS UNFOLDS

¶12. (C) Embassy attempted to engage the Department's Influenza Task Force on May 15, soon after learning of the eight confirmed cases (see paragraph 7 above). However, the Operations Center informed Emboffs May 15 that the Task Force had been disbanded and was unable to locate any members with whom Emboffs might discuss the situation. Embassy is confused by the May 21 ALDAC declaring that the Task Force was disbanded effective May 21, given our unsuccessful May 15 attempt to liaise with the Task Force. Embassy would have benefited from the inputs that a regularly constituted task force could have provided to Posts, not least in terms of interagency coordination, policy guidance and seamless communication with Washington.

GOK INTERAGENCY CONFUSION

¶13. (C) GOK internal miscommunication manifested itself at

certain junctures in April and May. One department within the Health Ministry introduced strident precautionary measures vis-a-vis passengers arriving from affected countries without coordinating with Embassy's other Ministry interlocutors (ref C). This caused difficulties for Embosffs when they commenced the process of securing understandings from the GOK concerning U.S. military personnel arriving from the U.S. Additionally, the Health Ministry's reluctance to share information about H1N1 cases with the GOK Ministry of Defense (KMOD) caused difficulties for ARCENT officers, who were under instructions to leave Host Government coordination to the Embassy. KMOD officials, who are responsible for the

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installations used by U.S. military forces in Kuwait, did not take kindly to being "out of the loop." Embosffs encouraged their Health Ministry contacts to ensure that KMOD's leadership was adequately briefed.

¶14. (C) Given four weeks of close collaboration with the Health Ministry, Embassy ably contained the fallout from the case of the four Kuwaiti students confirmed with H1N1 flu following their participation in the YES/AYUSA student conference in Washington June 10-13 (ref G and H).

COMMENT

¶15. (C) On account of the GOK's reasoned and responsible reaction -- largely due to close Embassy-Host Government coordination -- the H1N1 influenza imbroglio did not affect our relations with Kuwait, nor did it impact troop flows in support of Operation Iraqi Freedom. However, Embassy believes that lapses in interagency coordination -- within both the USG and the GOK -- threatened to make the situation uncomfortable, if not untenable, for the GOK. More fundamentally, Embassy was obliged to juggle the competing imperatives of ensuring compliance with international public health reporting requirements and the necessity of maintaining U.S. troop flows in and out of Iraq and other theaters of operation, absent clear guidance from Washington. Early engagement with Host Government thankfully forestalled a threatened "shut down" of U.S. troop flows.

Embassy believes that the following "lessons learned" are worthy of due consideration by the Department and the USG:

-USG needs to adopt and disseminate clear policies as to Host Government and USG reporting responsibilities as they pertain to U.S. military personnel deployed outside of the U.S. and the 2005 International Health Regulations (IHR).

-DOD screening of all U.S. soldiers departing CONUS for overseas deployment prior to departure from the U.S. At the very least, this helps to assuage Host Governments that the USG is being proactive. (We understand that this is now being implemented).

-Seamless and real-time coordination and information sharing between U.S. military commanders and Chiefs of Mission and their designated subordinates is critical when confronting public health challenges and liaising with Host Governments.

-The role, mandate and longevity of public health-related task forces should be clearly communicated to Embassies in timely ALDACS. Upon disbandment, such task forces should be replaced by formal modalities for Embassy-Washington coordination, given the long-term nature of public health challenges. (Embassy is also concerned by news that AIAG may be closed down this year).

-Interagency press guidance preparation should be managed with due consideration to Embassies' most recent inputs. Usually, this is handled by the PD staff assigned to a task force.

End Comment.

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JONES